FORM PTO-1595 RECORDATION FORM COVER SHEET U.S. DEPARTMENT OF COMMER Patent and Trademark Office	
PATENTS ONLY	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.	
1. Name of conveying party(ies):	2. Name and address of receiving party(ies):
Hiroyuki Nishi, Yasuo Endo Additional name(s) of conveying party(ies) attached? Yes No	Name: Matsushita Electric Industrial Co. LTD. Street Address: 1006, Kadoma, Kadoma-Shi City: Osaka 571-0050 State: JAPAN
3. Nature of Conveyance: ✓ Assignment ✓ Merger	Zip:
☐ Security Agreement ☐ Change of Name ☐ Other Execution Date: September 14, 2001_	Additional name(s) of receiving party(ies) attached? No.
4. Application number(s) or patent number(s):	mology 9 2001
If this document is being filed together with a new application, the execution date of the application is:	
A. Patent Application No.(s): 09/913,360	B. Patential did not receive the following Heted Hem(s) Patient of atterney
Additional number(s) attached? □ Yes ☑ No	
5. Name and address of party to whom correspondence concerning this document should be mailed:	6. Total number of applications and patents involved: 1
Name: <u>Jeffrey J. Sopko</u>	
Street Address: 526 Superior Avenue East	7. Total Fee (37 C.F.R. §3.41)\$40.00 Enclosed
Suite 1200	
	Authorized to be charged to Deposit Account for any uncovered fees
City: Cleveland State: OH Zip: 44114-1484	8. Deposit Account No.
	16-0820, Order No. 33883 (Attach duplicate copy of this page if paying by deposit account)
: 11/08/2001 WCLRYBRO 0016001000	
9. Statement and Signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	